


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): SANKET S. AMBERKAR ET AL.			Docket No. DP-302818/DE3-0173
Application No. 09/954,886	Filing Date 9/18/2001	Examiner BRIAN J. BROADHEAD	Group Art Unit 3661
Invention: ROBUST STEERING-PULL TORQUE COMPENSATION			RECEIVED CENTRAL FAX CENTER JAN 11 2005
<p>I hereby certify that this <u>AMENDMENT TRANSMITTAL (1) PAGE AND AMENDMENT (14) PAGES</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>JANUARY 4, 2005</u> (Date)</p> <p style="text-align: center;"><u>NOELLE T. ERICKSON</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u>noelleterickson</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DP-302818/DE3-0173				
Applicant(s): SANKET S. AMBERKAR ET AL.									
Application No. 09/954,886	Filing Date 9/18/2001	Examiner BRIAN J. BROADHEAD	Customer No. 23413	Group Art Unit 3661	Confirmation No. 8234				
Invention: ROBUST STEERING-PULL TORQUE COMPENSATION									
COMMISSIONER FOR PATENTS:									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE				
TOTAL CLAIMS	33 -	34 =	0	x \$50.00	\$0.00				
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00				
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00				
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
 _____ Signature			Dated: JANUARY 4, 2005						
Troy J. LaMontagne Registration No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Customer No. 23413			<table border="1" style="width:100%"><tr><td>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</td></tr><tr><td>_____ Signature of Person Mailing Correspondence</td></tr><tr><td>_____ Typed or Printed Name of Person Mailing Correspondence</td></tr></table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)	_____ Signature of Person Mailing Correspondence	_____ Typed or Printed Name of Person Mailing Correspondence
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P11LARGE/REV09

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JAN 04 2005**

APPLICANT:	SANKET S. AMBERKAR ET AL.)
) Group Art Unit: 3661
SERIAL NUMBER:	09/954,886)
) Examiner:
FILED:	September 18, 2001) Broadhead, Brian J.
)
FOR:	ROBUST STEERING-PULL TORQUE COMPENSATION) Confirmation No.) 8234

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT – RESPONSE TO OFFICE ACTION

In response to the Office Action mailed November 4, 2004, please enter the amendments to the claims as indicated herein. Reconsideration and allowance of all claims is respectfully requested.